

Formal Invitation for Bid (IFB)/Request for Proposals (RFP) /Request for Qualifications (RFQ)

County of Webb

Date Issued:

RFQ NO. 2014-102

Sealed Bids/RFPs/RFQs are subject to the Terms and Conditions of this Invitation for Bids/RFPs/RFQs and the accompanying schedule, terms, conditions, provisions, specifications, and all other forms in this package are due before **2:00 p.m.** (central time), on **October 07, 2013**. Please note Bids/RFPs/RFQs received after 2:00 p.m. on the due date will not be opened or accepted. Sealed Bids/RFPs/RFQs will be publicly opened for furnishing the supplies or services described in the accompanying schedule, and must be hand delivered, or mailed to the following location:

**Webb County Clerk's Office  
1110 Victoria St.  
Suite 201,  
Laredo, TX 78040**

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**Request for Qualifications (RFQ) 2014-102 "3 year Contract for Alcohol & Drug Testing Services"**

**Conditions:**

1. All Qualifications must be submitted with this specification form. Webb County will not accept RFQs that are submitted on forms other than those furnished in this RFQ package.
2. The County reserves the right to hold all RFQs for a period of thirty (30) days from date of RFQ opening, without taking action thereon.
3. The County reserves the right to reject any and all RFQs to waive defects and formalities in such RFQs, and to award contract to the vendor which it considers has submitted the lowest proposal and over all best value.
4. The County reserves the right to select a primary & secondary vendor, and or to select multiple vendors.
5. It is the requirement of the vendor to acquaint fully with the conditions of the specifications. The failure or omission of any vendor to examine any form, instrument, or document shall in no way relieve him from any obligation of this request for qualifications (RFQ) invitation.
6. Vendor must fill out all portions of the RFQs unless otherwise stated in this contract.

**Term of Contract:**

Contract shall be for the period beginning **October 2013** and terminating **September 30, 2016**

The County of Webb is considering extending this contract for an additional 2 years contingent upon pricing remaining the same. Please indicate below if your company would be interested in an extension.

YES ☐

NO ☐



## Webb County

### Vendor Information:

**Please complete all information requested below and submit with your bid package**

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other vendor, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this request. By submitting this proposal the vendor agrees to the Webb County specifications and all terms and conditions stipulated in the proposed document".

Firm Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person authorized to sign proposal)

Print Name: \_\_\_\_\_  
(Person authorized to sign proposal)

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Vendors Principal/Corporate Place of Business Address \_\_\_\_\_

Indicate Status of Business: \_\_\_\_\_

Corporation Partnership Sole Proprietorship Other: \_\_\_\_\_

If other state business status \_\_\_\_\_

State how long under its present business name: \_\_\_\_\_

State if company is a certified minority business enterprise:

Historically Underutilized Business (HUB):	Yes	No	Disadvantaged Business Enterprise (DBE):	Yes
Small Disadvantaged Business Enterprise (SDBC)	Yes	No	Other: Please specify	

This company is not a certified minority business:

*The above minority information is requested for statistical and tracking purposes only and will not influence the amount of expenditure the County will make with any given company*



# *Webb County*

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## **Webb County**

### **Conflict of Interest Disclosure**

A form disclosing potential conflicts of interest involving counties, cities, and other local government entities may be required to be filed after: \_\_\_\_\_, by vendors or potential vendors to local government entities. The new requirements are set forth in Chapter 176 of the Texas Local Government Code added by H.B. No. 914 of the last Texas Legislature.

Companies and individuals who contract, or seek to contract, with Webb County and its agents may be required to file with the **County Purchasing Agent, Dr. Cecilia Moreno, 1110 Washington Street-Suite #101, Laredo, Texas 78040**, a Conflict of Interest Questionnaire that describes affiliations or business relationships with Webb County, or certain family members or business relationships of the Webb County officer, with which such persons do business, or any gifts in an amount of \$250.00 or more to the listed Webb County officer (s) or certain family members.

The new requirements are in addition to any other disclosures required by law. The dates for filing disclosure statements begin on: \_\_\_\_\_. A violation of the filing requirements is a Class C misdemeanor.

The Conflict of Interest Questionnaire (Form CIQ) may be downloaded from <http://www.ethics.state.tx.us/whatsnew/conflictforms.htm>.

The Webb County officials who come within Chapter 176 of the Local Government Code relating to filing of **Conflicts of Interest Questionnaire (Form CIQ)**.



# Webb County

## CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

### OFFICE USE ONLY

Date Received

Name of person who has a business relationship with local governmental entity.

☐ Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of the officer

**This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government pages to this Form CIQ as necessary.**

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes

☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves an officer or director, or holds an ownership of 10 percent or more?

☐ Yes

☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date



# *Webb County*

## **GENERAL TERMS AND CONDITIONS FOR STATEMENT OF QUALIFICATIONS**

### **GENERAL CONDITIONS**

Vendors are required to submit statements upon the following expressed conditions:

- (a) Vendors shall thoroughly examine the specifications, schedule instructions and other contract documents. Once the award has been made, failure to read all specifications, instructions, and the contract documents, of the County shall not be cause to alter the original contract or for a vendor to request additional compensation.
- (b) Vendors shall make all investigations necessary to thoroughly inform themselves regarding the services being requested. No pleas of ignorance by the vendor of conditions that exist or that may hereafter exist as a result of failure, or omission on the part of the vendor to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the contract documents, will be accepted as a basis for varying the requirements of the County or the compensation to the vendor.
- (c) Vendors are advised that County contracts are subject to all legal requirements provided for in the Texas Government Code and/or applicable County Ordinances, State and Federal Statutes.

### **1.0 PREPARATION OF SUBMITTALS**

Submittals shall be prepared in accordance with the following:

- (a) All information required by the RFQ form shall be furnished. The vendor shall print or type the business name and manually sign the schedule.
- (b) Alternate Proposals will not be considered unless authorized by the invitation for proposals or any applicable addendum

### **2.0 DESCRIPTION OF SUPPLIES**

Not applicable for this request.

### **3.0 SUBMISSION OF STATEMENTS**

- (a) Statement of qualifications and changes thereto shall be enclosed in sealed envelopes, properly addressed and to include the date and hour of the opening
- (b) Unless otherwise noted on the Notice to Vendors cover sheet, all statements of qualifications must be submitted to the Purchasing Agent, Dr. Cecilia Moreno, 1110 Washington Street-suite 101, Laredo, Texas 78040.
- (c) Proposals must be submitted on the forms furnished. Telegraphic and facsimile proposals will not be considered.
- (d) Proposals must be valid for a period of sixty days. An extension to hold proposal pricing for actual quantity bids may be requested by the County.
- (e) The County shall pay no costs or other amounts incurred by any entity in responding to this RFP, or as a result of issuance of this RFP.

### **4.0 REJECTION OF STATEMENT OF QUALIFICATIONS.**

The County may reject a proposal if

- (a) Vendor misstates or conceals any material fact in the proposal.
- (b) Proposal does not strictly conform to the law or the requirements of the proposal.
- (c) Vendor is in arrears on existing contracts or taxes with Webb County.
- (d) In the event that a vendor is delinquent in the payment of Webb County taxes on the day the proposals are opened, including state and local taxes, such fact may constitute grounds for rejection of the proposal or cancellation of the contract. A vendor is considered delinquent, regardless of any contract or agreed judgments to pay such delinquent taxes
- (e) No proposal submitted herein shall be considered unless the vendor warrants that, upon execution of a contract with Webb County, vendor will not engage in employment practices such as discriminating against employees because of race, color, sex, creed, or national origin. Vendor will submit such reports as the County may therefore require assuring compliance with said practices.
- (f) The County may reject all proposals or any part of a proposal whenever it is deemed necessary.
- (g) The County may waive any minor informalities or irregularities in any proposal.



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### **5.0 WITHDRAWAL OF STAMENT OF QUALIFICATIONS**

Proposals may not be withdrawn after they have been publicly opened, unless approved by the Commissioners Court.

### **6.0 LATE PROPOSALS OR MODIFICATIONS**

Proposals and modifications received after the time set for the proposal opening will not be considered. Late proposals will be returned to the vendor unopened.

### **7.0 CLARIFICATIONS OR OBJECTION TO PROPOSAL SPECIFICATIONS**

If any person contemplating submitting a Proposal for this contract is in doubt as to the true meaning of the specifications, or other proposal documents or any part thereof, they may submit to the County Purchasing Agent on or before seven days prior to the scheduled opening date a request for clarification. All requests for information shall be made in writing, and the person submitting the request will be responsible for its prompt delivery. Any interpretation of the proposal, if made, will be made only by an addendum duly issued by the Purchasing Agent. A copy of such addendum will be mailed or delivered to each vendor having receiving a set of proposal documents. The County will not be responsible for any other explanations or interpretations of the proposed proposal made or given prior to the proposal opening or award of contract. Protest Procedures: The purpose of this procedure is to establish procedures whereby a vendor may protest specific procurement actions by Webb County. The following sequence of activities must take place in filing a protest:

To be performed by protesting vendor: Within ten (10) days prior to the time that the Commissioners Court considers the recommendation of the Purchasing Agent, the protesting vendor must provide written protest to the County Purchasing Officer. Such protest must include specific reasons for the protest.

To be performed by County's Purchasing Officer: Shall review the records of procurement and determine legitimacy and procedural correctness. With five (5) working days, the County Purchasing Officer shall provide written response to the protesting vendor of the decision.

If the protesting vendor is not satisfied with the decision of the County Purchasing Officer, such protesting vendor may appeal to the County Attorney of Webb County. If the protesting vendor cannot resolve the issue with the County Attorney, he shall be entitled to address his concerns when the Commissioners Court of Webb County considers the awarding of the contract. Such appeal may be made only after exhausting all administrative procedures through the County Attorney.

All protests must be duly submitted via Certified Mail to:

Webb County - Purchasing Agent  
110 Washington St. Suite 101  
Laredo, Texas 78041.

### **8.0 VENDOR DISCOUNTS**

Not applicable for this contract.

### **9.0 INTENT OF CONTRACT**

ANNUAL SUPPLY CONTRACTS: The purpose of this contract is to perform the services requested on an as need basis. The needs of the County shall govern the amount of services purchased on an annual basis. The County's obligation for performance of an annual supply contract beyond the current fiscal year is contingent upon the availability of appropriated funds from which payments for the contract purchases can be made. If no funds are appropriated and budgeted during the next fiscal year, this contract becomes null and void.

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### **10.0 AWARD OF CONTRACT**

The selection and award shall be based on the basis of demonstrated competence and qualifications to perform the services; and for a fair and reasonable price. The professional fees under the contract may not exceed any maximum established by law. The vendor shall bear the burden of proof of compliance with Webb County specifications.

A written award of acceptance (a duly approved purchase order or Letter of Award) furnished by the County to the successful vendor results in a binding contract without further action by either party. These Terms and Conditions shall be the basis and governing document of the binding contract.

### **11.0 PAYMENTS & INVOICING**

All invoices to Webb County have a 30-day term from receipt of completion of services. All invoices shall be mailed to the Accounts Payable Administrative Services Dept. 110 Washington St. Suite 204

### **12.0 NON-COLLUSIVE AFFIDAVIT**

The County may require that vendors submit a Non-Collusive Affidavit. The vendor will be required to state that the party submitting a proposal or proposal, that such proposal or proposal is genuine and not collusive or sham; that said Vendor has not colluded, conspired, connived or agreed, directly or indirectly, with any vendor or person, to put in a sham proposal or to refrain from submitting a proposal, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price or affiant or of any other vendor, or to fix any overhead, profit or cost element of said proposal price, or of that of any other vendor, or to secure any advantage against Webb County or any person interested in the proposed contract; and that all statements in said proposal or proposal are true.

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**REQUEST FOR QUALIFICATIONS  
HUMAN RESOURCES DEPARTMENT  
EMPLOYEE HEALTH AND WELLNESS DIVISION  
DRUG AND ALCOHOL TESTING SERVICES**

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### **13.0 SCOPE OF WORK**

Webb County desires to engage the services of an independent contractor, not as an employee, to perform employee drug and alcohol screenings. The drug testing to be done according to the Substance Abuse Mental Health Services Administration (hereafter referred to as "SAMHSA", formally known as the National Institute on Drug Abuse (N.I.D.A.) Such alcohol screening to be done by Evidential Breath Tester (EBT) Device which meet the National Highway Transportation Safety Administration specification for precision and accuracy (hereafter) referred to as "N.H.T.S.A."

#### **13.1 Instructions for completing the request for qualifications:**

All required documentation requested by this request for qualifications document must be submitted as indicated. Required forms specified are included in the form section and they must be included as noted. Your completed application must follow the order in the checklist.

### **14.0 Selection**

Shall more than two (2) designated qualified candidates submit a request for qualifications, then a committee will review submittals and recommend from those responding to the request for Qualifications. The selection committee may require a formal presentation to the committee. Once the selection is made a contract will be negotiated between the County and the selected contractor.

### **15.0 Term**

This contract is made subject to annual budgetary appropriation.

### **16.0 Required Format and Contents of RFQ**

For a proposal to be considered it must contain the following minimum information presented in the following format:

#### **16.1 Company Information / Qualifications**

The statement of qualifications shall include:

Provide background check information on the company and other team members, if any, including qualifications, corporate structure, staffing levels, years in business, and recent similar project experience.

14.1.1 Name, address, phone number, and persons to contact regarding the statement of qualifications.

14.1.2 Provide background check information on the company and all physician employee team members, including their qualifications.

14.1.3 List the firms experience providing similar services.

14.1.4 List the total number of years the firm has been in business.





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14.1.5 Provide a brief summary report on your approach and factors you are to consider in accomplishing the scope of services.

### 16.2 License

Provide a copy of the following licenses duly authorized by the State of Texas by the American Association of Medical Review Officers (AAMRO) to perform such drug and alcohol procedures and tests. The physician qualifying for this proposal shall have both of the following certifications:

Certified Medical Review Officer (MRO) and Medical Doctor Physician License.

### 16.3 Certificate of Insurances

Submit a copy of a current Certificate of Insurance with evidence of *being able to add* Webb County as "additional insured".

#### Insurance Requirements

Prior to the commencement of any work, under this agreement, Provider shall furnish a completed Certificate of Insurance to the Risk Management Department, which shall be completed and signed by an agent authorized to bind the named underwriter(s) and their company to the coverage, limits and termination provisions shown thereon and which shall furnish and contain all required information referenced or indicated thereon. The County shall have no duty to pay or perform under this contract until such completed and signed Certificate of Insurance shall have been delivered to Risk Management Department, and no officer, employee or elected official shall have authority to waive this requirement.

The Webb County reserves the right to review the insurance requirements of this section during the effective period of the agreement or any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by Risk Management Department based upon changes in statutory law, court decisions, or circumstances surrounding this agreement, but in no instance will the County allow modification whereupon the County may incur increased risk.

The financial integrity of Provider is of interest to the County, therefore, subject to the right of Provider right to maintain reasonable deductibles in such amounts as are approved by the County, Provider shall obtain and maintain in NI force and effect for the entire duration of this agreement, and any extension hereof, at Provider's sole expense, insurance coverage written on an occurrence basis, by companies authorized and admitted to do business in the State of Texas and rated A or better by A.M. Best Company and/or otherwise acceptable to Webb County, the following types and amounts:

TYPE	LIMIT
1. Workers' Compensation	Statutory
1a. Employers' Liability	\$500,000/\$500,000/\$500,000
2. Professional Liability Policy	combines Single Limit for Bodily Injury and property damage of \$1,000,000 occurrence or its equivalent
3. Comprehensive Auto Liability	Combines Single Limit injury and property
a. Owned/Leased Vehicles	
b. Non-owned vehicles damage	\$1,000,000 per occurrence of its equivalent
c. Hired vehicles	

Webb County shall be entitled, upon request and without expense, to receive copies of the policies and all endorsements thereto, as they apply to the limits required by Webb County, and may make reasonable request for deletion, revision, or modification or particular policy terms, conditions, limitations or exclusions except where policy provisions are



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established by law regulation binding upon either of the parties hereto or the underwriter of any such policies. Upon such request by Webb County, Provider shall exercise reasonable efforts to accomplish such changes in policy coverage, and shall pay the cost thereof.

Provider agrees that with respect to the above required insurance, all insurance contracts and Certificates of Insurance will contain the following required provisions:

- Name the County and its officers, employees, agents, and elected representatives as additional insured as respects operations and activities of, or *on* behalf of, the names insured performed under contract with the County, with the exception of the workers' compensation and employers' liability policy.
- Provide for an endorsement that the "other insurance" clause shall not apply to Webb County where the County is an additional insured shown on the policy.
- Workers' Compensation and employers' liability policy will provide a waiver of subrogation in favor of the County. Provider shall notify the County in the event of any notices of cancellation, non-renewal or material change in coverage and shall give such notices not less than 30 days to change, which notice must be accompanied by replacement Certificate of Insurance

16.4 The firms shall be available to commence services immediately after successfully negotiating a contract for services, and said services within the period specified after award of contract. Availability includes on-call minimum response time of thirty (30) minutes after a call out is made by Risk Management Personnel for drug and alcohol test needed by Webb County. If more than 3 violations of no-show/late show within the 30 (thirty) minutes then an automatic review of contract will be done with possibility of termination of contract.



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### 17.0 CHECKLIST FOR REQUIRED DOCUMENTATION

The following items must be attached to the Statement of Qualifications in order for your submittal to be considered. The "forms provided" must be returned completed. Other required documentation is the responsibility of the vendor.

- Vendor information/Signature Form (Page 2)
- Conflict of Interest Questionnaire (Page 4)
- Statement of Qualifications as in section 16.1 (page 9)
- Drug & Alcohol Guidelines/Policy and DOT Guidelines, Policy and Procedure
- Employee Health and Wellness Division Questionnaire (Pages, 12, 13, & 14)
- Quality Assurance Policies & Procedures - Blinds - Audit
- List BAT copies of license for individual licensed staff
- Training sessions, workshops for individual BAT/BATI staff
- List of all services provided by your agency
- List of all required licensures and certifications specifically including MRO/Physician license
- Background checks on all personnel by an accredited reliable source for National, State and Local
- Checklist

Fill out and return this checklist with your statement of qualifications

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Human Resources Department  
Employee Health and Wellness Division  
Drug and Alcohol Program

About your Agency:

1. How long has your company conducted Drug and Alcohol Testing under its present company name?

\_\_\_\_\_ Years \_\_\_\_\_ Months

2. Please indicate your company status:

\_\_\_\_\_ Partnership

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Corporation

\_\_\_\_\_ Other (please specify)

3. Indicate the number of Drug & Alcohol testing sites available within Webb County:

\_\_\_\_\_

4. Please list the names and titles of your agency's administrative staff  
(President, Director, Physician/Medical Review Officer)

Name

Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name and license number of the clinic's Physician and Medical Review Officer License?  
MRO Renewal is applicable every 5 years.)

\_\_\_\_\_ License No. \_\_\_\_\_ Renewal Date: \_\_\_\_\_

\_\_\_\_\_ License No. \_\_\_\_\_ Renewal Date: \_\_\_\_\_

6. Do you have a signed agreement on file?

\_\_\_\_\_ Yes Expiration date: \_\_\_\_\_

\_\_\_\_\_ No



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7. Are you accredited by other accreditation aside from being accredited as a Medical Review Officer?  
\_\_\_\_\_ Yes (Attach copy)  
\_\_\_\_\_ No
8. How many Drug & Alcohol Tests were performed during the calendar year 2008/2099?  
\_\_\_\_\_
9. How many Drug & Alcohol Test were rejected due to poor techniques (i.e. spillage)?  
\_\_\_\_\_
10. Hoe many RN's or LVN'S do you currently employ?  
\_\_\_\_\_ Full time  
\_\_\_\_\_ Part time
11. How many Certified Breath Alcohol Technicians Instructor (BATI) do you currently employ?  
\_\_\_\_\_ Full time  
\_\_\_\_\_ Part time
12. How many Certified Breath Alcohol Technicians (BAT) do you currently employ?  
\_\_\_\_\_ Full time  
\_\_\_\_\_ Part time
13. How often do your employees receive training on drug and alcohol testing procedures or CDL training?  
\_\_\_\_\_ Once a Year  
\_\_\_\_\_ Twice a Year
14. How many employees do you have available for on-call/after hour drug and alcohol testing?  
\_\_\_\_\_ After regular working hours (BAT or BATI)  
\_\_\_\_\_ On weekends (BAT or BATI)
15. Please indicate your after-hours arrangements  
\_\_\_\_\_ Beeper Number  
\_\_\_\_\_ Answering Service Number  
\_\_\_\_\_ Cell Phone  
A. Cell phone Company Name  
B. Please indicate if Cell Phone Company has Dropped Calls: \_\_\_\_\_ Yes \_\_\_\_\_ No
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About your LAREDO OFFICE experience:

16. Do you have written policies and procedures including workplace guidelines and confidentiality statements in regards to Drug & Alcohol Testing?

Yes\_ (If yes, please provide copies)

No

17. Do you have written quality assurance policies and procedures in place for employees, background checks and drug and alcohol collections?

\_Yes (If yes, please provide copies)

No

18. Would there be an issue with your staff being available in a timely manner after a call out is made that a drug and alcohol test is required, the City is giving ample time of 30 (thirty) minutes to show up.(THREE VIOLATIONS EACH CONTRACT, IF MORE AUTOMATIC CONTRACT REVIEW)

Yes

No

Explain:

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PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

This is to certify that \_\_\_\_\_ owes no delinquent property taxes to Webb County.

\_\_\_\_\_ owes no property taxes as a business in Webb County.(Business Name)

\_\_\_\_\_ owes no property taxes as a resident of Webb County.(Business Owner)

\_\_\_\_\_  
Person who can attest to the above information

**\* SIGN DOCUMENT AND PROVIDE PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

**CERTIFICATION**  
**REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY**  
**EXCLUSION FOR COVERED CONTRACTS**

**PART A.**

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

☐ Yes

☐ No



5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

**PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS**

Indicate in the appropriate box which statement applies to the covered potential contractor:

- ☐ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- ☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
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\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name and Title of  
Authorized Representative

**CERTIFICATION REGARDING FEDERAL LOBBYING**  
**(Certification for Contracts, Grants, Loans, and Cooperative Agreements)**

**PART A. PREAMBLE**

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

**PART B. CERTIFICATION**

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?

☐ Yes

☐ No

<b>Name of Contractor/Potential Contractor</b>	<b>Vendor ID No. or Social Security No.</b>	<b>Program No.</b>

<b>Name of Authorized Representative</b>	<b>Title</b>

\_\_\_\_\_  
Signature – Authorized Representative

\_\_\_\_\_  
Date

### NOTICE TO ALL BIDDERS

The Texas Workers' Compensation Commission has adopted Rule 110.110 effective with all bids advertised after September 1, 1994 and these changes affect your bid on this project.

The TWCC has stated that it is aware that statutory requirements provided for workers' compensation insurance coverage is not being met. Rule 110.110 is designed to achieve compliance from both contractors and governmental entities... This affects both of us on this project.

Providing false or misleading certificates of coverage, failing to provide or maintain required coverage, or failing to report any change that materially affects the coverage may subject the contractor(s) or other persons providing services on this project to legal penalties. This affects your subcontractors.

Therefore, the attached is provided in accordance with the requirements on governmental entities. Please read carefully and prepare your bid in full compliance to TWCC Rule 110.110. Failure to provide the required certificates upon submission of a bid could result in your bid being declared non-responsive.

According to TWCC, "This rule does not create any duty or burden on anyone which the law does not establish." Therefore, the county should not experience any increase in cost because of the need to comply with the Texas Worker's Compensation laws.

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Dr. Cecilia May Moreno  
Webb County Purchasing Agent